CITY OF READING Red Level Special Registration

Name of Participant:			
Address:			
	Street	City	Zip
Email:			
Age:	Gender:	malefei	male Phone:
School Name:_			
Emergency Contact Name: Emergency Phone#:			
Program: Red Level Special			
Date: Ages: Where: Time: Cost:	June 20, 2011-July 27 5-8 yrs old Hampden Park 6:00pm-6:45pm \$10	, 2011 (Mon & Wed	d)
Mail to:	Recreation Office Attn: Tennis Program 320 South 3 rd Street Reading PA 19602	Checks payabl	le to "City of Reading"
all heirs, success further agree to	ssors, and assigns agree to indemnity, save and hold as and employees from any	release, waive, and for harmless the City of F	does hereby for myself, my minor child, rever discharge from all liabilities and Reading, Division of Recreation, Council e, or costs which may be incurred due to
photographic in I agree that my including, with in perpetuity an derived from ar authorized agen the use of my p	nage for any electronic or image may be reproduced out limitation, print, audio d throughout the world. It is such image. I expressly its any and all claims and of	non-electronic form of the distance of the dis	and any of its authorized agents to use my r media. hole or in part for any and all media, ad/or exhibition purposes, in any manner, that I have no rights to any benefits ischarge the City of Reading and any of its whatsoever in relation to, or arising out of ore signing below, and I fully understand
	OF PARTICIPANT: s under 18, Parent or Guar	dian signature require	d)
DATE:			